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PATENTS

Attorney Docket No. 293/045 CIP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT APPLICATION

Applicants : Jason A. Galdonik et al.
Application No. : 10/084,010 Confirmation No. : 8588
Filed : February 27, 2002
For : MEDICAL GRAFTING METHODS AND APPARATUS
Group Art Unit : 3731
Examiner : Paul A. Roberts

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

REPLY TO OFFICE ACTION

Sir:

Responsive to the January 26, 2004 Office action
issued in connection with the above-identified patent
application, please amend the patent application as follows:

Amendments to the Claims are reflected in the listing of claims
beginning at page 2 of this paper.

Remarks begin on page 9 of this paper.



07-27-04

3731/4
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EXPRESS MAIL CERTIFICATION

"Express Mail" mailing label number EV371750045US
Date of Deposit July 26, 2004

I hereby certify that this transmittal letter and the other papers and fees identified in this transmittal letter as being transmitted herewith are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and are addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313.

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950.00 OP

Lillian Garcia
Lillian Garcia

TRANSMITTAL LETTER

Sir:

Transmitted herewith: [X] a Reply to Office Action;
to be filed in the above-identified patent application.

FEE FOR ADDITIONAL CLAIMS

☒ A fee for additional claims is not required.

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The additional fee has been calculated as shown below:

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS	-	* =	X	\$ 18 = \$
INDEPENDENT CLAIMS	-	** =	X	\$ 86 = \$
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM			+	\$290 = \$
			TOTAL	\$ <u> </u>

* If less than 20, insert 20.

** If less than 3, insert 3.

☐ A check in the amount of \$_____ in payment of the filing fee is transmitted herewith.

☒ The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.

☐ Please charge \$_____ to Deposit Account No. 06-1075 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.

EXTENSION FEE

[X] The following extension is applicable to the Response filed herewith; [] \$110.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); [] \$420.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); [X] \$950.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a); [] \$1480.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136 (a); [] \$2010.00 extension fee for response within fifth month pursuant to 37 C.F.R. 1.136(a).

[X] A check in the amount of [] \$110.00; [] \$420.00; [X] \$950.00; [] \$1480.00; [] \$2010.00; in payment of the extension fee is transmitted herewith.

[X] The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.

[] Please charge the [] \$110.00; [] \$420.00; [] \$950.00; [] \$1480.00; [] \$2010.00; extension fee to Deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.

Respectfully submitted,



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